

## DEFERRED PAYMENT REQUEST FORM

### FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR PERSONAL TAXES

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Social Security Number: \_\_\_\_\_

Secondary Social Security Number: \_\_\_\_\_

### FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR BUSINESS

Business Name: \_\_\_\_\_ NJ Registration # / FEIN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Business Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Responsible Officer(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Use additional sheets if necessary

### CONTACT INFORMATION IF DIFFERENT FROM ABOVE

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

### PAYMENT INFORMATION

Amount of Debt: \$ \_\_\_\_\_

Amount of Monthly Payment: \$ \_\_\_\_\_ MAKE CHECK PAYABLE TO: *New Jersey Division of Taxation*

Day of Month Payment Due: \_\_\_\_\_

All request forms will be reviewed by the New Jersey Division of Taxation Deferred Payment Section and are subject to change.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Type of Plan Requested:

- ☐ Business
- ☐ Personal Income Tax
- ☐ Rebate Program
- ☐ Cigarette (Invoice #) \_\_\_\_\_
- ☐ Other \_\_\_\_\_

COMPLETE FORM ONLINE, PRINT IT AND SEND  
WITH YOUR FIRST PAYMENT TO:  
NEW JERSEY DIVISION OF TAXATION  
DEFERRED PAYMENT CONTROL CENTER  
PO BOX 190  
TRENTON, NJ 08695-0190